

ANSI ASC X12N 837v4010A1 Long Term Care (LTC) Data Specifications Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
01/02/2006	43	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added Medi-Cal Note to indicate "Currently, Medi-Cal will accept only 'BM', 'EL', and 'FX'."
01/02/2006	All	All	All	All	All	Added Medi-Cal Note stating the corresponding 25-1 paper claim field/box number.
08/08/2005	Title pg	NA	NA	NA	NA	Updated notes to indicate for Dialup, Tape & Internet Submissions.
08/08/2005	7	NA	ISA	Interchange Control Header	Example	Added Medi-Cal Note: The ISA is a fixed length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.
08/08/2005	52	2300	HI	Value Information	NA	Added Segment.
08/08/2005	52	2300	HI01	Value Information	Qualifier Code	Selected Qualifier Code "BE".
08/08/2005	52	2300	HI01	Value Information	Industry Code	Added Medi-Cal Note: Coinsurance & Deductible. A list of valid values may be found in the NUBC manual, field locator 39-41. Medi-Cal will only use the first 2 characters.
08/08/2005	52	2300	HI01	Value Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	53	2300	HI01	Condition Information	Industry Code	Updated Medi-Cal Note: Removed A subset of this list may be found in the Medi-Cal Long Term Care Provider Manual.
08/08/2005	56	2310A	NM109	Attending Physician Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	62	2320	CAS02	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	62	2320	CAS03	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	62	2320	CAS05	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	62	2320	CAS06	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	62	2320	CAS08	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	63	2320	CAS09	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	63	2320	CAS11	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	63	2320	CAS12	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	63	2320	CAS14	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	63	2320	CAS15	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	63	2320	CAS17	Claim Level Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	63	2320	CAS18	Claim Level Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
08/08/2005	66	2320	AMT	COB Total Allowed Amount	NA	Added Segment.
08/08/2005	66	2320	AMT01	COB Total Allowed Amount	Amount Qualifier Code	Selected Qualifier Code "B6".
08/08/2005	66	2320	AMT02	COB Total Allowed Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	67	2320	AMT	COB Total Medicare Paid Amount	NA	Added Segment.
08/08/2005	67	2320	AMT01	COB Total Medicare Paid Amount	Amount Qualifier Code	Selected Qualifier Code "N1".
08/08/2005	67	2320	AMT02	COB Total Medicare Paid Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	71	2330A	NM109	Other Subscriber Name	Identification Code	Added Medi-Cal Note to indicate first 12 characters will be used.
08/08/2005	75	2330B	NM109	Other Payer Name	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	76	2330B	DTP03	Claim Adjudication Date	Date Time Period	Added Medi-Cal Note: Explanation of Medicare Benefits (EOMB) Date. Medi-Cal will only use the first 8 characters.
08/08/2005	77	2330B	REF	Other Payer Secondary Identification Number & Reference Number	NA	Added Segment.
08/08/2005	77	2330B	REF02	Other Payer Secondary Identification Number & Reference Number	Reference Identification	Added Medi-Cal Note: Medicare Internal Control Number (ICN). Medi-Cal will only use the first 15 characters.
08/08/2005	81	2420A	NM1	Attending Physician Name	NA	Added Loop.
08/08/2005	82	2420A	NM109	Attending Physician Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	83	2420A	REF02	Attending Physician Secondary Identification	Reference Identification	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	85	2430	SVD01	Service Line Adjudication Information	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	85	2430	SVD02	Service Line Adjudication Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	85	2430	SVD04	Service Line Adjudication Information	Product/Service ID	Added Medi-Cal Note to indicate first 4 characters will be used.
08/08/2005	85	2430	SVD05	Service Line Adjudication Information	Quantity	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	85	2430	SVD06	Service Line Adjudication Information	Assigned Number	Added Data Element. Added Medi-Cal Note to indicate first 2 characters will be used.
08/08/2005	86	2430	CAS02	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	86	2430	CAS03	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.

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08/08/2005	86	2430	CAS05	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	86	2430	CAS06	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	86	2430	CAS08	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	87	2430	CAS09	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	87	2430	CAS11	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	87	2430	CAS12	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	87	2430	CAS14	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	87	2430	CAS15	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	87	2430	CAS17	Service Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	87	2430	CAS18	Service Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	89	2430	DTP03	Service Adjudication Date	Date Time Period	Added Medi-Cal Note: Explanation of Medicare Benefits (EOMB) Date. Medi-Cal will only use the first 8 characters.
03/16/2005	all	NA	NA	NA	NA	Fixed erroneous duplication of segments and elements.
01/21/2005	all	NA	NA	NA	NA	Reformatted document in its entirety.
01/21/2005	40	2300	PWK01	Claim Supplemental Information	Attachment Report Type Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	40	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	40	2300	PWK05	Claim Supplemental Information	Identification Code Qualifier	Added PWK segment to link attachments with electronic claims.
01/21/2005	40	2300	PWK06	Claim Supplemental Information	Attachment Control Number	Added PWK segment to link attachments with electronic claims.

The page numbers for the following changes are based on the previous format. They do not apply to the current format of the specifications.

Date of Change	Page	Loop/Txn	Segment/Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	1	2300	CLM02	Claim Information	Total Claim Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	1	2300	CLM05-1	Claim Information	Facility Type	Added clarifying language on where to find code values.
12/15/2003	1	2300	CLM05-3	Claim Information	Claim Frequency Code	Added clarifying language on where to find code values and corrected description of value "1".
12/15/2003	3	2300	DTP02	Statement Dates	Statement Date Qualifier	Added clarifying language that no spaces are allowed when submitting from/thru dates.
12/15/2003	4	2300	AMT02	Payer Estimated Amount Due	Estimated Claim Due Amount	Added clarifying language about how this data is reported on the CMC error reports and changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	4	2300	AMT02	Patient Paid Amount	Patient Amount Paid	Changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	5	2300	K3	File Information		Changed clarifying language.
12/15/2003	6	2300	NTE	Billing Note		Changed clarifying language.
12/15/2003	6	2300	HI	Condition Information		Changed clarifying language.
12/15/2003	7	2300	HI01-02	Condition Information	Condition Code	Added clarifying language on where to find the code values.
12/15/2003	9	2320	SBR09	Other Subscriber Information	Claim Filing Indicator Code	Bolded since Medi-Cal captures this data.
12/15/2003	12	2320	AMT02	Payer Prior Payment	Other Payer Patient Paid Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9. Added Clarifying language.
12/15/2003	16	2400	SV203	Institutional Service Line	Line Item Charge Amount	Added number of characters captured by Medi-Cal (length in parenthesis).
12/15/2003	16	2430	SVD03	Service Line Adjudication Information	Composite Medical Procedure	Removed following Data Element Separator.